

WORK INJURY COMPENSATION INSURANCE PROPOSAL FORM

IMPORTANT

- 1) Under Section 23(5) of the Insurance Act 1966, you are to disclose in this Proposal Form fully and faithfully all facts which you know or ought to know, otherwise the policy issued hereunder may be void.
- 2) The Work Injury Compensation Act 2019 covers ALL employees regardless of their level of earnings. Whilst insurance for employees who are newly covered under the Act, i.e. those involved in non-manual work with earning above S\$2,600 (w.e.f. 1 Apr 2021) is not compulsory, employers will still be required to pay compensation in the event of a valid claim.
- 3) Certain information declared in this form is mandatory for submission to the Ministry of Manpower (MOM) under the Work Injury Compensation Insurance regime.
- 4) Unless exempted, any employer who fails to insure in accordance with the Work Injury Compensation Act 2019 shall be guilty of an offence and shall be liable on conviction to a fine not exceeding S\$10,000.00 or to imprisonment for a term not exceeding 6 months or both.
- 5) China Taiping Insurance (Singapore) Pte. Ltd. ("CTPIS" or "Company") reserves the right to request for more information.
- 6) Your Personal Data Is Important To Us. This is an application for an insurance product provided by CTPIS. We will use all information provided in this form to assess your application for our insurance product and services. Before you provide any information in this form, please read our Privacy Policy which is made available on our website at www.sg.ctaiping.com/en/privacypolicy
- 7) This Proposal Form is not a contract of insurance. However, once accepted and the premium is paid, the information provided in this Proposal Form will form the basis of the insurance contract. Full details of the terms, conditions and exceptions are provided in the policy documents, which will be sent to you upon acceptance.
- 8) This policy is protected under the Policy Owners' Protection Scheme which is administered by the Singapore Deposit Insurance Corporation (SDIC). Coverage for your policy is automatic and no further action is required from you. For more information on the types of benefits that are covered under the scheme as well as the limits of coverage, where applicable, please contact CTPIS or visit the GIA / LIA or SDIC websites (www.gia.org.sg or www.lia.org.sg or www.sdic.org.sg).

General Information

If there are multiple entities to be insured, please use a separate excel spreadsheet and fill in the information for each entity. It is mandatory to provide the Unique Entity Number (UEN), employee headcount by category, and estimated annual earnings for submission to the MOM under the Work Injury Compensation Insurance regime.

Name of Employer (Proposer)

Business Registration No. (UEN No.)

Business Address

Country:

Postal Code:

Contact Numbers

Office No.:	Mobile No. (Mandatory):	Email Address (Mandatory):
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Nature of Business

Singapore Standard Industrial Classification (SSIC) Code / Industry Code

Period of Insurance

From / / / To / /

Employees' Information

**"Estimated Annual Earnings" means an amount, not less than the Past Annual Earnings of the Insured, declared by the Insured (as defined in the Policy) to be an estimate of the total earnings to be paid by the Insured (as well as by other employers and known to the Insured) during the 12 months starting on the Commencement Date of the Policy. Example: If monthly earnings are S\$3,000, Estimated Annual Earnings = S\$36,000.

"Past Annual Earnings" means the total of the monthly earnings paid by the Insured (as well as by other employers and known to the Insured) during the 12 months immediately before the Commencement Date of the Policy.

Please attach the latest Central Provident Fund (CPF) contribution statement for local employees and/or foreign worker levy record for foreign employees. For foreign employees, also provide FIN or passport number for MOM reporting. Submit these documents at application or upon confirmation of cover, as advised by your intermediary.

Warning

If the Insured under-declares the number of employees, Estimate Annual Earnings or mis-states the job category:

1. The amount of CTPIS's indemnity to the Insured for a claim will be reduced proportionately by the extent of under-insurance. The Insured will bear its proportionate share of the liability and the Company may recover this amount from the Insured under the Average Clause in the Policy, or
2. CTPIS may recover from the Insured the amount paid to a claimant which is attributable to any Relevant Injury arising in relation to any non-disclosed or misstated material facts under this Proposal and/or during the Period of Insurance. "Relevant Injury" refers to any accident or disease giving rise to a claim or claims against the Insured for which indemnity is provided under this Policy.

Please note that we will not accept or process any incomplete form.

Page 1 of 6

1 Mandatory Work Injury Compensation (WIC) Insurance

For all manual workers or those involved in non-manual work with earnings up to S\$2,600 (w.e.f. April 2021). Salary threshold excludes overtime, bonuses, Annual Wage Supplement (AWS), productivity incentives, and allowances. Please use a separate excel spreadsheet in case of insufficient space below.

Category / Description of Occupations	No. of Employees	Actual Annual Earnings* (S\$) for Prior Policy Year	Est. Annual Earnings* (S\$) for New Policy Year
All manual workers regardless of earnings			
Total			
All non-manual workers with earnings up to S\$2,600 (w.e.f. 1 April 2021)			
Total			

2 Non-mandatory WIC Insurance

The Work Injury Compensation Act 2019 covers all employees regardless of their level of earnings. While WIC insurance is not compulsory for employees involved in non-manual work earning above S\$2,600 per month (w.e.f. 1 April 2021), employers remain liable to pay compensation in the event of a valid claim. The salary threshold excludes overtime, bonuses, AWS, productivity incentives, and allowances.

Category / Description of Occupations	No. of Employees	Actual Annual Earnings* (S\$) for Prior Policy Year	Est. Annual Earnings* (S\$) for New Policy Year
Employees you wish to cover for WIC Insurance			
Total			
Employees you do not wish to cover for WIC Insurance			
Total			

3 Please complete this mandatory section

All Employees in your Organisation	Total No. of employees in your organisation	Total Estimated Annual Earnings* in your organisation (S\$)
Total		

4 Please advise whether you have any similar insurance placed with another insurance company

Name of Insurance Company	Categories of Employees insured	Reason for having separate insurance policies

5 Underwriting Information in relation to your work

Please tick (✓) in the appropriate box below. If any of the Answer is "YES", please indicate percentage (%) of works involved.

1. Handling or removal of Asbestos materials	<input type="radio"/> Yes	<input type="radio"/> No	% :
2. Handling of nuclear or radioactive materials or working in environment exposed to these	<input type="radio"/> Yes	<input type="radio"/> No	% :
3. Handling of hazardous gas, chemicals, toxic substance and waste	<input type="radio"/> Yes	<input type="radio"/> No	% :
4. Handling of fireworks, ammunition, fuses, cartridges, power, nitro-glycerin or any explosives	<input type="radio"/> Yes	<input type="radio"/> No	% :
5. Handling of pyrotechnics	<input type="radio"/> Yes	<input type="radio"/> No	% :
6. Works on board vessels, offshore platforms / rig or in shipyards, including supervisory and/ or inspection or survey (Please complete the separate Questionnaire for risks involving work-on-board vessels)	<input type="radio"/> Yes	<input type="radio"/> No	% :
7. Diving and/or Underwater activities	<input type="radio"/> Yes	<input type="radio"/> No	% :
8. Works involving heights exceeding 30 feet (3 storey) from ground / floor level	<input type="radio"/> Yes	<input type="radio"/> No	% :
If YES, please advise Maximum Height : _____, Average Height: _____			
a. Rope Access	<input type="radio"/> Yes	<input type="radio"/> No	% :
b. Scaffolds, Gondolas	<input type="radio"/> Yes	<input type="radio"/> No	% :
c. Cranes, scissor lifts, spider lifts	<input type="radio"/> Yes	<input type="radio"/> No	% :
d. Erection / Dismantling of Steel Structure / Scaffolding / Gondola	<input type="radio"/> Yes	<input type="radio"/> No	% :
9. Works involving welding and / or hot works	<input type="radio"/> Yes	<input type="radio"/> No	% :
10. Works involving wrecking, dam construction or tower chimney shaft works	<input type="radio"/> Yes	<input type="radio"/> No	% :
11. Working underground e.g. tunneling, underground mines	<input type="radio"/> Yes	<input type="radio"/> No	% :
12. Working in a confined space e.g manholes, sewerage, cargo holds and/or ship engines	<input type="radio"/> Yes	<input type="radio"/> No	% :
If YES, please state the maximum no. of workers at any one time _____			
13. Working in Chemical and/or Petrochemical Plants	<input type="radio"/> Yes	<input type="radio"/> No	% :
14. Working in Quarries	<input type="radio"/> Yes	<input type="radio"/> No	% :
15. Drilling, producing, refining and distribution of oil and gas (other than general distributors and gas delivery drivers)	<input type="radio"/> Yes	<input type="radio"/> No	% :
16. Works on board air-craft or airside exposure	<input type="radio"/> Yes	<input type="radio"/> No	% :
17. Stevedoring works / terminal operators / "bunkering and/or debunkering" activities or services	<input type="radio"/> Yes	<input type="radio"/> No	% :

6 Additional Risk Information

1. Is your company accredited under bizSAFE?
 No Level 1 Level 2 Level 3 Level 4 Level 5
2. Does your company hold any of the following certifications? Please provide documentary proof (e.g., valid certificate or accreditation letter) for any bizSAFE or ISO certifications declared above. This is required for underwriting and risk assessment purposes.
 ISO 9001 ISO 14001 Others: _____
3. Do you have a dedicated safety officer or risk manager?
 Yes No
4. Do you have more than 600 employees at a single location?
 Yes No If yes, please specify the address and nature of operations: _____
5. Are your employees involved in:
 (a) Use of heavy industrial machinery? Yes No
 (b) Lifting/hoisting operations in public areas? Yes No

7 Underwriting information in relation to your Business Activities

	Prior Year (Actual) – S\$	New Year (Estimate) – S\$
Turnover		
Highest Contract Value		
Average Contract Value		
Average Number of Contracts per year		

8 Please complete this Section for any employees based outside Singapore

Are there any employees based outside Singapore? If YES, kindly provide the following details.

Please confirm if employees based outside Singapore require WIC coverage or are covered under a local equivalent insurance scheme.

Yes No

Country based in	No. of Employees	Nature of Work	Estimated Annual Earnings* (S\$)

9 Please complete this Section for Past Claims History

Claims Experience for the past 3 years, as at

		/			/			
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Date of Accident	Name of worker / Occupation	Nature of Accident	Claim Paid S\$	Claim Outstanding S\$

10 Premium Adjustment for Expiring Period (Applicable for Renewal Policies Only)

Please declare the actual earnings paid during the expiring policy period for premium adjustment purposes.

Category / Description of Occupations	No. of Employees	Actual Annual Earnings (S\$)
All manual workers	All non-manual workers	Total

1. Consent to Privacy Policy

I / We further confirm that I / we have read and understood and hereby consent to the collection, use, disclosure and processing of my / our personal data in accordance with and agree to be bound by CTPIS Privacy Policy which is made available on CTPIS website at www.sg.ctaiping.com/en/privacypolicy, as may be amended from time to time.

I / We agree on my / our behalf and on behalf of every insured person that in addition to the release of information to any medical source, or other entity mentioned in this Proposal Form, CTPIS is authorised to collect, retain, use and / or disclose as it reasonably deems fit, any information in respect of me / us / any insured person, that is received by CTPIS to its Representatives and relevant third parties, companies within China Taiping Insurance Group, reinsurers, medical organisations, my / our Representatives, financial institutions, credit agencies, investigators, service providers (who may have to disclose my / our data to their service providers such as medical providers, reinsurers, medical evacuation agencies), judicial, regulatory, government, statutory authorities, dispute resolution parties and industry entities) whether within or outside Singapore. As far as reasonably possible, CTPIS will release such information to such parties on the understanding that the information will be kept strictly confidential and be used, disclosed and retained in accordance with relevant law.

2. Say YES to be a China Taiping SG savvy customer! – MARKETING CONSENT

I / We would like to receive first-hand information about CTPIS's products, latest promotions, financial tips and news, and I / we consent to receive such marketing updates from CTPIS and its service providers via:

Email Mail SMS and other phone-based messages Voice call

I / We hereby represent and warrant that I / we am / are the user(s) and / or subscriber(s) of the telephone number provided by me / us in this form or other forms submitted to CTPIS and I / we consent for CTPIS and its service providers to contact me / us. For the avoidance of doubt, where my / our telephone number is a Singapore telephone number, I / we confirm that the foregoing consent applies even though my / our telephone number(s) is / are already registered or may be registered on the National Do Not Call Registry.

I / We confirm that:

- (i) I / We have read and understood the provisions in this form;
- (ii) the consent that I / we have provided in this form is in addition to, and does not supersede, vary or nullify the consent which I / we have provided previously unless my / our consent is withdrawn through the withdrawal form at: <https://www.sg.ctaiping.com/en/our-support/personal-form/>
- (iii) I / We understand that I / we may withdraw my / our consent through the withdrawal form at any time.

Note: Please attach supporting documents such as CPF and/or payroll records for verification.

(Applicable only to companies)

I declare that:

- a) I am validly & legally authorised by the Proposer to submit this Proposal Form;
- b) I have shown this entire completed document to the Proposer and have obtained the Proposer's consent; and
- c) I, in my personal capacity, agree to indemnify, defend and hold harmless CTPIS from and against any and all damages, losses, liabilities, costs and expenses suffered by CTPIS arising from or in connection with any failure on my part to obtain the Proposer's valid authority.

I/We hereby declare that the information above and the additional information (if any) annexed to this Proposal Form are true, correct and complete, whether written by us or by anyone else on our behalf and I/We accept full responsibility for them.

I/We have not withheld any material information. I/We agree that the information in this Proposal and other written statement or information furnished by us or on our behalf shall form the basis of the Contract between me/us (the Insured) and CTPIS.

I/We further agree that employees indicated as not insured under the non-mandatory WIC insurance section above, or not included in this Proposal Form, will not be covered under the Policy.

I/We acknowledge that the liability of CTPIS shall only commence when this Form has been accepted and the premium is paid and received in full by CTPIS:

- (a) before the inception date where the Policy is issued to an individual; or
- (b) within the period specified in the Premium Payment Warranty (PPW) applied to the Policy in all other instances.

By submitting information to CTPIS,

This consent is strictly limited to the administration of the Work Injury Compensation Insurance Policy and compliance with applicable legislation. Broader consent for personal data handling is separately addressed in Section 11.

- (1) The Insured agrees and gives consent for CTPIS to verify the following information about the Insured with governmental or regulatory authorities, for the purposes of processing, underwriting, administering and managing the Policy with CTPIS:
 - (a) workforce size and aggregated payroll for all, or any class of employees;
 - (b) number of compensation cases and amount of work injury compensation paid or payable for all, or any class of employees.
 - (c) Information may be disclosed to regulatory authorities such as the Ministry of Manpower (MOM) as required under the Work Injury Compensation Act 2019. Operational disclosures to third parties are limited to those necessary for underwriting, claims processing, and policy servicing.
- (2) The Insured also consents to the collection, use, disclosure and dissemination of all information (including but not limited to information provided by the Insured related to the Policy to the Insured's insurance intermediaries and CTPIS's authorised agents and service providers) for purposes relating to or incidental to the Insured's claims under the Policy or in accordance with the Legislation.

CTPIS may disclose policy-related information to relevant third parties, including entities within China Taiping Insurance Group, reinsurers, authorised intermediaries, and service providers, strictly for the purposes of underwriting, claims processing, and policy administration. All disclosures will be made in accordance with applicable laws and regulations. For full details on personal data handling, please refer to Section 11 and the CTPIS Privacy Policy.

IMPORTANT: If a material fact is not disclosed in this Proposal Form, any policy issued may not be valid. If you are unsure whether a fact is material, you are advised to disclose it. This includes any information that you may have provided to the intermediary but was not included in the Proposal Form. Please check to ensure that you are fully satisfied with the information furnished and/or declared in this Proposal Form.

Employer's Company Stamp	Authorised Signature (Name and Designation)	Date	
Intermediary Account Code	Name of Intermediary	Email Address	Contact Number